

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00487363 </div>	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 30 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 30 / 2012</div>	
Reallocation of portion of buy as of 11/2 from Oppose Obama to		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1782761.59</div>	
Mailing Address 66 CANAL CENTER PLAZA STE 555		Transaction ID : E.001	
City ALEXANDRIA	State VA	Zip Code 22314	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure TV / MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">80545177.59</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 30 / 2012</div>	
Mailing Address 3299 K ST NW, STE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17260.49</div>	
City WASHINGTON		Transaction ID : E.002	
State DC	Zip Code 20007	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Purpose of Expenditure TV / MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">80545177.59</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1800022.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
American Crossroads

FEC IDENTIFICATION NUMBER ▼

C C00487363

Check If ☒ 24-hour report ☐ 48-hour report

☐ New report ☒ Amends report filed on

MM / DD / YYYY
10 / 30 / 2012

Full Name (Last, First, Middle Initial) of Payee
MCCARTHY HENNINGS MEDIA INC

Date

MM / DD / YYYY
10 / 30 / 2012

Mailing Address 1850 M STREET NW, STE 235

Amount

5248.24

City State Zip Code
WASHINGTON DC 20036

Transaction ID : E.003

Purpose of Expenditure
TV / MEDIA PRODUCTION

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
MITT ROMNEY

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 80545177.59

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

5248.24

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

1805270.32

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2012

Signature